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June 7, 2002

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To: Community Based Alternatives (CBA) Home and Community Support Services (HCSS) Providers

Subject: Long Term Care (LTC)  
Information Letter No. 02-12  
Revision to Form 3856

Attached to this Information Letter is a revision to Form 3856, Community Based Alternatives Program Compliance Monitoring Guide on Contract Performance Standards for Home and Community Support Services Agencies, and Instructions. This revision is effective immediately, and should be used for all Community Based Alternatives (CBA) Home and Community Support Services (HCSS) monitoring reviews conducted, beginning in June 2002.

Texas Administrative Code (TAC) and CBA Provider Manual references have been added to each standard and item as applicable. Additional revisions to each standard are summarized below:

**Standard 2, Annual Reassessments**

Standard 2 and instructions have been re-written to clarify when the standard is applicable. The Instructions specify which cases the standard will be applied to.

**Standard 5, Service Breaks**

Space has been added to the "Notes" portion of Standard 5 to indicate:

- the number of days with no service, and no valid documentation; and
- the number of days with less service, and no valid documentation.

Also, the calendar has been removed from the bottom of Page 3. Contract Managers are using separate calendars to document the services provided, so the calendar on this page is no longer necessary.

### **Standard 8, Medical Supplies**

Standard 8 and Instructions have been revised to reflect the policy and procedures noted in Long Term Care (LTC) Information Letter 02-06, Change to Approval Process for Adaptive Aids/Medical Supplies. The following statement has been added to the standard:

"If the medical supply costs \$200 or less per month, and is on the approved list in Section 4424.2, do not apply Standard 8 to the medical supply. If the only medical supply(s) for this client meets both criteria, mark Standard 8 N/A."

Please note that LTC Information Letter 02-06 instructed contract managers to use the "RN or Health Professional signature date on F3671-F or alternate form" to determine delivery date compliance for Standard 8. Since Standard 8 will not apply to medical supplies purchased using these procedures, this statement is no longer accurate.

Space has been added to the "Notes" section to indicate:

- if the medical supply is on the approved list; and
- the monthly cost of the medical supply.

### **Standard 9, Adaptive Aids**

Standard 9 and Instructions have been revised to reflect the policy and procedures noted in Long Term Care (LTC) Information Letter 02-06, Change to Approval Process for Adaptive Aids/Medical Supplies. The following statement has been added to the standard:

"If the adaptive aid costs \$200 or less, and is on the approved list in Section 4424.2, do not apply Standard 9 to the adaptive aid. If the only adaptive aids(s) for this client meets both criteria, mark Standard 9 N/A."

Please note that LTC Information Letter 02-06 instructed contract managers to use the "RN or Health Professional signature date on F3671-F or alternate form" to determine delivery date compliance for Standard 9. Since Standard 9 will not apply to adaptive aids purchased using these procedures, this statement is no longer accurate.

Space has been added to the standard to indicate:

- if the adaptive aid is on the approved list; and
- the monthly cost of the adaptive aid.

Please contact Sarah Hambrick at (512) 438-2578 if you have any further questions regarding this information.

Sincerely,

**Signature on file**

Becky Beechinor  
Assistant Deputy Commissioner  
Long Term Care Services

BB:ck

Attachments

**COMMUNITY BASED ALTERNATIVES PROGRAM**  
**COMPLIANCE MONITORING GUIDE ON CONTRACT PERFORMANCE STANDARDS FOR**  
**HOME AND COMMUNITY SUPPORT SERVICES AGENCIES**

Participant Name	Participant Medicaid No.	Review Period
Location of Participant <input type="checkbox"/> AL/RC <input type="checkbox"/> AFC <input type="checkbox"/> Own Home	ISP Period _____ To _____	
HCSS Agency Name	Vendor No.	Region No.
Name of Monitor	Type of Review	Date of Review

STANDARDS CRITERIA	YES	NO	N/A	NOTES
<b>STANDARD 1. Pre-Enrollment Home Health Assessment</b>				Review only if assessment was due or should have been done during review period. Otherwise go to standard 2 and mark this section N/A
a. Did the provider agency complete the Pre-enrollment Home Health Assessment and return it to the TDHS case manager within the timeframe specified in Item 14, or 14 days after receipt of F3676 (whichever is sooner)? (F3676 Part A and Part C) <b>REFERENCE: 40 TAC §48.6020; HB Section 4441</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 3676 Part A, Provider Agency Date Stamp .....  Form 3676, Part A, Item 14: ..... Date Case Manager received complete packet:.....
b. Was the delay in completion of the pre-enrollment home health assessment due to:	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
1. the decision to initiate Medicare home health services is pending .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. a delay in getting Form 3652 signed by the physician. (2067) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>REFERENCE: 40 TAC §48.6021 (a)(1) and (2); HB Section 4442.3</b>				
c. If there was a delay in submission of the pre-enrollment assessment packet, the agency notified the case manager of the reasons:				Review Form 2067 sent to the case manager.
1. for priority referrals – verbally, no later than 24 hours before the negotiated completion date, and by Form 2067, within two workdays of verbal notification .....	<b>YES</b>	<b>NO</b>	<b>N/A</b>	Negotiated Date: .....
2. for routine referrals – by Form 2067, no later than 24 hours before the 14-day timeframe (2067) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbal Notification Date: .....
<b>REFERENCE: 40 TAC §48.6021 (b)(1) and (2); HB Section 4442.3</b>				Form 2067 Signature Date: .....
If Item a. is marked YES, Standard 1 is MET. If Item a. is marked NO, and Item b. 1. or b. 2. is marked YES, continue to Item c. If Item a. is marked NO, and Items b. 1. AND b. 2. are marked NO, Standard is NOT MET. If Item b. 1. or b. 2. is marked YES and Item c. is marked YES, Standard is MET. <b>STANDARD 1 IS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>MET</b>	<b>NOT MET</b>	<b>N/A</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STANDARD 2. Annual Reassessments</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
According to the guidelines in the Form Instructions, should Standard 2 be applicable?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expiration Date of ISP (From ISP attachment Form 3671, Page 1) .....
If Yes, continue to Item A. If No, mark Standard 2 N/A and skip to Standard 3.				Reassessment Packet Due Date Period (from Appendix XIX).....
a. Was the annual reassessment packet (completion of ISP attachments Form 3671-B–F as applicable and Form 3672) completed timely (according to Appendix XIX)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RN signature date (from ISP attachment Form F3671-C, Page 2).....
<b>REFERENCE: Appendix XIX/HB Section 4459.</b>				If the RN signature date on ISP Attachment Form 3671-C, Page 2 of the annual reassessment packet is completed according to the time frames in Appendix XIX, mark item a. Yes.
If Item a. is marked YES, Standard is MET. If Item a. is marked NO, Standard is NOT MET. <b>STANDARD 2 IS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>MET</b>	<b>NOT MET</b>	<b>N/A</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STANDARDS CRITERIA	YES	NO	N/A	NOTES
<b>STANDARD 3. Service Initiation</b>				
a. Were PAS services initiated in a timely manner? (on the date verbally negotiated with the case manager if initiation was verbally negotiated, otherwise within seven calendar days from the beginning date of the applicant's or participant's eligibility for PAS, as documented on Form 2065B? (2065, 3670, 2067) <b>REFERENCE: 40 TAC §48.6092 (2)(A) and (B); HB Section 4444</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read this standard only if Personal Assistance Services (PAS) were initiated or should have been initiated during the review period. Otherwise mark it N/A.  Form 2065B Effective Date: ..... Negotiated Start Date (Form 2067) ..... Form 2067 confirms verbal agreement: .... (Y/N) Form 3670 or other approved form service initiated date: .....
b. Within seven DHS workdays of PAS service initiation, did the provider agency send the case manager a form 2067 containing the following:  1. Service initiation date? ..... 2. The name of the attendant performing personal assistance services? (2067, 3670) ..... <b>REFERENCE: 40 TAC §48.6092 (2)(C)(i) and (ii); HB Section 4444</b>	<b>YES</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Form 2067 Date of Signature ..... Form 3670 or other approved form service initiation date: .....  If the date of signature on Form 2067 is more than seven DHS workdays from the service initiation date, the standard is <b>NOT MET</b> .
c. Has the provider documented that each attendant was oriented in performing PAS (ADL) tasks prior to the delivery of services and required topics addressed? Note: Item 4421.6, Orientation and Training Responsibilities of the RN Supervisor. (3670) <b>REFERENCE: 40 TAC §48.6092 (3)(A),(B) and (C); HB Section 4444</b>	<b>YES</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Form 3670 or approved facsimile ..... Orientation date: ..... Were the following topics covered? (Y/N) 1. The participant's health condition and how it may affect performance of tasks: ..... 2. Tasks to be performed, work schedule, and safety and emergency procedures ..... 3. Symptoms or changes in the participant's health status, about which the unlicensed person should notify the RN or the attending physician. .... Provider's source of documentation: .....
<b>If any Item a–c under #3 is marked NO, Standard is NOT MET.</b>  <b>STANDARD 3 IS:</b>	<b>MET</b> <input type="checkbox"/>	<b>NOT MET</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
<b>STANDARD 4. Ongoing Services</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
a. Was the replacement attendant oriented in performing PAS (ADL) tasks before or when the new attendant began to provide services to the client? ..... <b>REFERENCE: 40 TAC §48.6092 (3) (A), (B) and (C); HB Section 4421.6</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Read this standard for all cases.</b>  Read Item 4.a. only if a new attendant began providing services during the review period. Date the new attendant began providing services, as documented on Form 3670 or approved facsimile ..... Orientation (training) date ..... Were the following topics covered? (Y/N) 1. Information about the participant's health condition and how it may affect performance of tasks: ..... 2. Tasks to be performed, work schedule, and safety and emergency procedures ..... 3. Symptoms or changes in the participant's health status, about which the unlicensed person should notify the RN or the attending physician. .... Provider's source of documentation: .....

STANDARDS CRITERIA	YES	NO	N/A	NOTES
<b>4. Ongoing Services (continued)</b>				Read items 4.b. and 4.c. if the date of awareness occurs during the review period. Date of awareness of need for change: ..... Date of signature on Form 2067: .....
b. When requesting routine service plan changes, excluding PAS, did the provider submit the following to the case manager within seven DHS workdays:				Was appropriate ISP attachment sent?..... (Y/N) Was documentation of necessity of adaptive aids, medical supplies, and minor home modifications mailed? ..... (Y/N)
1. A signed and dated Form 2067 requesting the service plan change? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The appropriate ISP attachment page, Form 3671-B-E, identifying the change and signed by the provider professional? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Documentation of necessity from a physician, physician's assistant, registered nurse, nurse practitioner, or therapists for any adaptive aid, medical supply or minor home modifications identified? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>REFERENCE: 40 TAC §48.6023; HB Section 4452.2</b>				
<b>Mark b. 1–3. N/A if the service plan change is not for adaptive aids, minor home modifications, or medical supplies.</b>				
c. When requesting routine service plan changes for PAS, did the provider submit to the case manager, within seven DHS workdays of identifying a need for a change, a Form 2067 containing the rationale for the change, the type and amount of additional services needed, and the anticipated duration? <b>REFERENCE: 40 TAC §48.6024; HB Section 4452.2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of awareness of need for change: ..... Date of signature on Form 2067: .....
If any Item a.– c. under Standard 4 is marked NO, Standard 4 is <b>NOT MET</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STANDARD 4 IS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STANDARD 5. Service Breaks</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	Read this standard for all on-going cases in the sample. Form 2060-A case manager signature date: .....
a. Did the client receive all authorized or scheduled PAS services? (2060-A and 3670) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document any incidences of less than scheduled/no services provided, and make any notations as applicable. Indicate any days without valid documentation of service breaks on a separate document. The separate document becomes part of the monitoring tool and must be attached. Number of days with no service, and no valid reason documented: ..... Number of days with less service, and no valid reason documented: ..... See form instructions for this Standard for special instances.
Each instance of less than scheduled hours, or no services provided must have the reason for the break in services documented. Valid reasons are listed in (1–5) below:				
1. Services are automatically suspended; <b>REFERENCE: 40 TAC §40.6098; §48.6100; &amp; §48.6106; Appendix XIX</b>				
2. Services are suspended for cause; <b>REFERENCE: 40 TAC §48.6102 &amp; §48.6104; Appendix XIX</b>				
3. Participant is not at home when services are scheduled; <b>REFERENCE: 40 TAC §48.6096; Section 4451</b>				
4. Participant requests that services not be provided on specific days; <b>REFERENCE: 40 TAC §48.6096; Section 4451</b>				
5. Participant agrees to less than scheduled hours as documented in the record. <b>REFERENCE: 40 TAC §48.6096; Section 4451</b>				
<b>If item a. is marked NO, and any instance of less than scheduled/no service provided during the entire review period does not have a reason documented, or the reason documented is not valid, the standard is NOT MET.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STANDARD 5 IS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STANDARDS CRITERIA	YES	NO	N/A	NOTES
<b>STANDARD 6. Specifications for Adaptive Aids and Minor Home Modifications</b>				Read this standard if the delivery/completion due date is in the review period. Case is read even if the actual delivery/ completion date was in the previous month, if the adaptive aid should have been delivered or the minor home modification job completed during the review period in order to meet timeframe requirements.
a. Does the provider have specifications for all adaptive aids costing more than \$500? ..... REFERENCE: 40 TAC §48.6052 (b)(1), HBSection 4424.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If delivery/completion due date was in the following month, and if this is the only adaptive aid or minor home modification in the sample, mark standard N/A.</b>  List item(s), date authorized, and delivery or completion due date: _____ _____
b. Does the provider have specifications for all minor home modification jobs costing more than \$1000?..... REFERENCE: 40 TAC §48.6068 (3), HBSection 4425.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If Item a or Item b in Standard 6 is marked NO, Standard is NOT MET.</b>	<b>MET</b>	<b>NOT MET</b>	<b>N/A</b>	
<b>STANDARD 6 IS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STANDARD 7. Completion of Purchase Form 3848</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	Read this standard if the delivery/completion due date is in the review period. Case is read even if the actual delivery/ completion date was in the previous month, if the adaptive aid should have been delivered or the minor home modification job completed during the review period in order to meet timeframe requirements.
a. Does the provider have a Completion of Purchase Form 3848 for all adaptive aids delivered or minor home modifications completed? ..... REFERENCE: 40 TAC §48.6052 (6) & §48.6086 (6); HB Section 4424.3 & 4425.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If delivery/completion due date was in the following month, and if this is the only adaptive aid or minor home modification in the sample, mark standard N/A.</b>  <b>If there should be a Form 3848, based on the service delivery record and one is not available, mark the standard NOT MET.</b>  List item(s), date authorized, and delivery or completion date: _____ _____
b. Was Form 3848 mailed to the case manager within required timeframe (7 days)?..... REFERENCE: 40 TAC §48.6068 (6)(C); HB Section 4424.3 & 4425.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If any Item under Standard 7 is marked NO, mark Standard NOT MET.</b>	<b>MET</b>	<b>NOT MET</b>	<b>N/A</b>	
<b>STANDARD 7 IS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If the activity for this Standard is late due to a valid reason, Mark the Standard N/A.</b>
<b>MEDICAL SUPPLIES/ADAPTIVE AIDS/MINOR HOME MODIFICATIONS COMPLIANCE TIMEFRAME STANDARDS (STANDARDS 8 – 10)</b>				
<b>STANDARD 8. Medical Supplies (§48.6060)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	Read this standard for all sample cases in this review period for any type of medical supplies which were authorized for the first time. <b>For example, if the authorized medical supplies are diapers and blue pads, both types of medical supplies need to be delivered in order for the standard to be MET.</b>
a. Were all medical supplies delivered within 5 DHS workdays of the waiver initiation date, unless documentation is available that supplies were on hand on the service initiation date? ..... REFERENCE: 40 TAC §48.6060 (a); HB Section 4424.4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the medical supply costs \$200 or less per month, <u>and</u> is on the approved list in Section 4424.2, do not apply Standard 8 to the medical supply. If the only medical supply(ies) for this client meets both criteria, mark Standard 8 N/A.  ISP effective date: ..... On approved list? (Y/N) ..... Monthly cost of Medical Supply ..... Date services were initiated (F3670) ..... Date supplies were delivered (F3670) ..... Is there documentation on file indicating that supplies were on hand on the service initiation date? ..... (Y/N) .....
b. On existing cases, were all medical supplies delivered within 5 DHS workdays of the ISP effective date or the date the ISP form is received, unless documentation is available that supplies were on hand for ongoing services?..... REFERENCE: 40 TAC §48.6060 (b); HB Section 4424.4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If the medical supplies were not delivered within 5 DHS workdays of receipt of DHS's authorization, was a Form 2067 sent to the case manager before the 5th day, containing an explanation of the delay, and a new proposed delivery date? ..... REFERENCE: 40 TAC §48.6060 (b); HB Section 4424.4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If any item is answered NO, mark standard NOT MET.</b>	<b>MET</b>	<b>NOT MET</b>	<b>N/A</b>	<b>If there is documentation that medical supplies were on hand when waiver services were initiated, mark the Standard MET.</b>
<b>STANDARD 8 IS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**STANDARD 9. Adaptive Aids**

Read this standard for any case where an adaptive aid was authorized and should have been delivered during the review period but was not delivered, or was delivered prior to the review period; or for any adaptive aid that was delivered during the review period.

If the adaptive aid costs \$200 or less, and is on the approved list in Section 4424.2, do not apply Standard 9 to the adaptive aid. If the only adaptive aid(s) for this client meets both criteria, mark Standard 9 N/A.

**9. a. Adaptive Aids costing LESS than \$500:** Were adaptive aids costing less than \$500 delivered within 14 DHS workdays of being authorized? REFERENCE: 40 TAC §48.6054 (a); HB Section 4424.4.4

ITEM	ON APPROVED LIST (Yes/No)	COST OF ITEM	DATE AUTHORIZED (Form 3671 or date form received)	DATE DUE FOR DELIVERY	DATE DELIVERED (Form 3848)	DELIVERED WITHIN 14 WORKDAYS? (Yes/No)	IF REQUIRED Form 2067 Sent (Yes/No)	Form 2067 Documents Valid Reason for Delay (Yes/No)

**9. b. Adaptive Aids costing \$500 or MORE:** Were adaptive aids costing \$500 or more delivered within 30 DHS workdays of being authorized? REFERENCE: 40 TAC §48.6056 (a); HB Section 4424.4.4

ITEM	DATE AUTHORIZED (Form 3671 or date form received)	DATE DUE FOR DELIVERY	DATE DELIVERED (Form 3848)	DELIVERED WITHIN 30 WORKDAYS? (Yes/No)	IF REQUIRED Form 2067 Sent (Yes/No)	Form 2067 Documents Valid Reason for Delay (Yes/No)

**Number of Adaptive Aids delivered according to program requirements,**  
as documented in sections a and b above:

enter total in Block c. : **c.**

**Number of Adaptive Aids NOT delivered according to program requirements,**  
as documented in sections a and b above:

enter total in Block d. : **d.**

If there were NO Adaptive Aids during this review period,

enter N/A in Block e. : **e.**

Proceed to Page 7, AA/MHM Compliance Summary, to transfer the totals from Block c and Block d of this page to applicable columns.



**STANDARD 10. Minor Home Modifications**

Read this standard for any case where a minor home modification was authorized and should have been completed during the review period but was not completed, or was completed prior to the review period; or for any minor home modification that was completed during the review period.

**10. a. Minor Home Modifications costing LESS than \$1000:** Were minor home modifications costing less than \$1000 completed within 30 DHS workdays of being authorized? REFERENCE: 40 TAC §48.6072 (a); HB Section 4425.8.1

ITEM	DATE AUTHORIZED (Form 3671 or date form received)	DATE DUE FOR COMPLETION	DATE COMPLETED (Form 3848)	COMPLETED WITHIN 30 WORKDAYS? (Yes/No)	IF REQUIRED Form 2067 Sent (Yes/No)	Form 2067 Documents Valid Reason for Delay (Yes/No)

**10. b. Minor Home Modifications costing \$1000 or MORE:** Were minor home modifications costing \$1000 or more completed within 60 DHS workdays of being authorized? REFERENCE: 40 TAC §48.6070 (a); HB Section 4425.8.1

ITEM	DATE AUTHORIZED (Form 3671 or date form received)	DATE DUE FOR COMPLETION	DATE COMPLETED (Form 3848)	COMPLETED WITHIN 60 WORKDAYS? (Yes/No)	IF REQUIRED Form 2067 Sent (Yes/No)	Form 2067 Documents Valid Reason for Delay (Yes/No)

**Number of Minor Home Modifications completed according to program requirements,**  
as documented in sections a and b above:

enter total in Block f. :

**f.**

**Number of Minor Home Modifications NOT completed according to program requirements,**  
as documented in sections a and b above:

enter total in Block g. :

**g.**

If there were NO Minor Home Modifications during this review period,

enter N/A in block h. :

**h.**

Proceed to Page 7, AA/MHM Compliance Summary, to transfer the totals from **Block f** and **Block g** of this page to applicable columns.



<b>STANDARD 11. Complaints</b>				<b>YES</b>	<b>NO</b>	<b>N/A</b>																																				
<p>a. Does the provider agency maintain a log of the complaints and make review of complaints accessible to the contract manager? .....</p> <p><b>REFERENCE: 40 TAC §49.14 (3); HB Section 2110</b></p> <p>If Yes, continue.</p> <p>If No, mark item B N/A and mark Standard 11 NOT MET.</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Complete this item only once for the provider agency.</p>																																			
<p>b. Were there any complaints during the review period?.....</p> <p><b>If YES, continue. If NO, mark Standard MET.</b></p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>List all sample and non-sample PHC clients that had complaints during the review period.</p>																																			
<p>c. Is there documentation that the provider agency:</p> <p>1. investigated and resolved all of the complaints within five workdays of receipt of the complaint, including client's initials on client-initiated complaints or witness's signature when the client refuses to sign; and.....</p> <p>2. submitted the complaint findings to DHS within 30 days of receipt of the complaint (Form 2067)? .....</p> <p><b>REFERENCE: 40 TAC §49.14 (4); HB Section 2110</b></p> <p><b>If any complaint received from a sample or nonsample client during the review period</b></p> <p><b>(1.) is not investigated and/or resolved, and/or</b></p> <p><b>(2.) the findings are not reported to the DHS contract manager within the required timeframe(s), mark Item 11C, 1–2 as applicable, NO.</b></p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <thead> <tr> <th>Client Name</th> <th>Date Received</th> <th>Date Completed*</th> <th>Completed* Timely (Y/N)</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>				Client Name	Date Received	Date Completed*	Completed* Timely (Y/N)																												
Client Name	Date Received	Date Completed*	Completed* Timely (Y/N)																																							
<p>If item 11A, 11C.1., or 11C.2. is marked NO, mark Standard 11 NOT MET.</p> <p><b>NOTE: Do not include the findings for Standard 11 in determining the compliance level for the provider agency. Report Standard 11 findings separately in the findings section of Form 3853. Request that the provider agency develop a corrective action plan and/or sanction if compliance with Standard 11 is below 100%.</b></p> <p style="text-align: right;"><b>STANDARD 11 IS:</b></p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>* NOTE:</b></p> <p><b>Completed means complaints were investigated, resolved, and the findings were reported to the DHS contract manager.</b></p> <p><b>For client-initiated complaints, the client's initials or witness's signature must be present to verify resolution.</b></p> <p><b>REFERENCE: 40 TAC §49.14(5); HB SECTION 2110</b></p>																																			
				<b>MET</b>	<b>NOT MET</b>	<b>N/A</b>																																				
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				

**COMPLIANCE MONITORING GUIDE ON CONTRACT PERFORMANCE STANDARDS  
FOR HOME AND COMMUNITY SUPPORT SERVICES AGENCIES**

Form/Instructions in:  
CBA

**PURPOSE**

To serve as the primary documentation to summarize finding of performance standards compliance monitoring for the HCSS agencies of the Community Based Alternatives (CBA) program.

**PROCEDURE**

**When to Prepare**

DHS staff who conduct monitoring complete the form when reviewing a case.

**Number of Copies**

Complete an original

**Transmittal**

If requested by the provider during or after the exit conference interview, a copy of the form is given to the provider. DHS staff retain the original for agency records.

**Form Retention**

Retain a copy of this form according to the terms of the contract.

**Supply Source**

This form may be photocopied from the *Community Based Alternatives Provider Manual*.

**DETAILED INSTRUCTIONS**

***Participant/Medicaid #***— Enter the name and Medicaid number of the client whose case is reviewed.

***Review Period***— Enter the month(s) and year you are reviewing.

***ISP Period***— Enter the time period of the ISP.

***Location of Participant***— Self-explanatory.

**HCSS Agency Name/Vendor #** — Enter the name and vendor number of the provider agency reviewed.

**Name of Monitor** — Enter the name of the DHS staff who does the review.

**Type of Review** — Enter review type.

**Date of Review** — Enter the date the review is conducted.

**Region No.** — Enter the number of the region to which the provider agency is assigned.

**Standard 1 a.** — Review the month prior to the review month, if needed, to determine whether the pre-enrollment assessment was done within the time frame specified on Form 3676, item 14, or 14 days after receipt of Form 3676 (whichever is sooner).

**Pre-Enrollment Home Health Assessment** — If Form 3676 was completed and returned within the time frame specified in item 14, or 14 days after receipt of Form 3676; or if the delay was due to either of the situations listed in a. 1 or 2, then mark the standard "Yes," otherwise mark it "No" or "N/A," as appropriate. If the delay was caused by one of the reasons listed and notice was given to the case manager within the required time frame, mark the standard "Yes," otherwise mark it "No" or "N/A," as appropriate.

**Standard 2** — Use the following guidelines to determine if the annual reassessment standard will be applicable:

Standard 2 **is** applicable if:

- The review period covers the entire annual reassessment packet due date period, regardless of when the agency completed the annual reassessment packet.
- Part of the annual reassessment packet due date period falls during the review period, and the agency completed the annual reassessment packet.
- The latter part of the annual reassessment packet due date period falls in the month immediately prior to the review period, and the agency completed the packet during the review period.
- The review period covers the entire annual reassessment packet due date period, and there is no documentation to indicate the agency completed the annual reassessment packet.
- The annual reassessment packet due date period falls **both before and during** the review period, and there is no documentation to indicate the agency completed the annual reassessment packet.

Standard 2 **is not** applicable if:

- The agency completed the packet outside the review period, and the annual reassessment packet due date period does not fall completely in the review period.
- The annual reassessment packet due date period falls **both during and after** the review period, and there is no documentation to indicate the agency completed the packet.
- The entire annual reassessment packet due date period falls more than one month prior to the review period, regardless of when the agency completed the annual reassessment packet.

- The entire annual reassessment packet due date period falls after the review period, regardless of when the agency completed the annual reassessment packet.

**Item a.**

If the RN signature date on the ISP attachment Form 3671-C, Page 2, falls within the annual reassessment due date period in Appendix XIX, mark Item a. "Yes." If the signature date is outside the annual reassessment due date period (including before or after), mark item a. "No." The following guidelines are used to determine if Item a. is scored "Yes," "No," or "N/A":

- If the entire reassessment packet due date period is covered by the review period, mark Item a. "Yes" or "No," as appropriate.
- If the review period covers only part of the annual reassessment packet due date period and the agency completed the packet during the review period, mark Item a. "Yes" or "No," as appropriate.
- If the part of the annual reassessment packet due date period is during the month immediately prior to the review period, and the agency completed the packet during the review period, mark Item a. "No."
- If there is no documentation to indicate the agency completed the packet, and the annual reassessment packet due date period falls completely within the review period, mark Item a. "No."
- If there is no documentation to indicate the agency completed the packet, and the annual reassessment packet due date period covers time **both before and during** the review period, mark Item a. "No."
- If the agency is unable to complete the annual reassessment during the review period due to the client being an inpatient of a hospital, intermediate care facility, skilled nursing facility, or an intermediate care facility for the mentally retarded, mark Item a. "N/A."

**Standard 3** — Review the month prior to the review period, if needed, to determine whether services were initiated in a timely manner. This standard does not apply to transfer cases.

The reviewer must read an original Form 3670, *Documentation of Services Delivered*.

**Standard 4** — Apply Standard 4 to all cases. Review only the month prior to the review period, if needed, to determine whether the required time frames were met. If PAS is added during the ISP year, it is considered as a service plan change rather than service initiation, as long as other services have already been delivered.

In lieu of no other documentation to address "Date of Awareness," use the date on Form 2067.

**Standard 5 — Service Breaks** — Read this standard for on-going cases in the sample. It is the responsibility of the provider agency to have documentation available for review to show what the negotiated schedule is and that all PAS services were delivered as scheduled, and for every time period services were not delivered as scheduled that:

- an HCSS agency RN was notified before the client initiated scheduled change and there is documentation signed by the RN that she was notified prior to the change if the CBA case has nursing tasks; or

- documentation substantiates the reason for the service break if the service break was client initiated or not and the client agreed to the schedule change before the change occurred.

If the documentation is not available to determine the above, the provider will be out of compliance for this standard.

If the client receives fewer hours in a day than is scheduled for that day and there is no documentation that the client agreed to fewer hours for that specific day, the standard is "Not Met."

For contract performance standards compliance monitoring, the reviewer is not monitoring to determine if the changes in the schedule were made to meet the client's needs or the attendant's. The information captured in "Days with Less Than Scheduled Hours" will aid the reviewer in identifying the number of times the client did not receive the services as scheduled, and help identify patterns that may require follow-up by staff outside the scope of contract performance standards compliance monitoring.

Standard is "Met" if documentation reviewed supports one or more of the items under 5a. (1-5).

Mark this standard "Not Met" if services are provided outside the home and documentation is not available that the client requested services be provided in an alternate location.

Mark this standard "Met" if staff determine that a client requested services be provided in an alternate location, and the provider agency did provide services as requested, or had documentation available stating why they did not comply with the client's request.

Indicate if Standard 5 is "Met" or "Not Met."

***Standard 6 — Specifications for Adaptive Aids and Minor Home Modifications —***

Read this standard for any case where an adaptive aid that costs more than \$500 or minor home modification that costs more than \$1000 was authorized and should have been delivered/completed during the review period but was not delivered/completed or was delivered/completed prior to the review period. Do not count a particular adaptive or minor home modification as being out of compliance if the required time frame for delivery/completion falls after the review period.

List items delivered/completed from Form 3848, date authorized from Form 2065, and delivered/completion due date from Form 3848.

***Standard 7 — Completion of Purchase Form 3848 —*** Read this standard for any case in which an authorized adaptive aid or minor home modification:

- should have been delivered/completed during the review period but was not, or
- was delivered/completed prior to the review period.

Do not count a particular adaptive aid or minor home modification out of compliance if the required time frame for delivery/completion falls after the review period.

This standard measures if Form 3848 was completed and completed correctly.

List the items delivered/completed from Form 3848, the authorized date from Form 2065, and the delivery/completion due date from Form 3848.

If the delivery/completion date is late and there is a valid reason , mark the standard N/A.

**Standard 8 — Medical Supplies** — Read this standard for sample cases in which medical supplies of any type were authorized during review period for the first time.

Standard 8 is not read for any medical supply that:

- the total monthly cost for the medical supply is \$200 or less; and
- the medical supply is specifically listed in Section 4424.2.

Reviewer must read an original Form 3670, *Documentation of Services Delivered*.

**Standard 9 — Adaptive Aids** — Read this standard for any case in which an adaptive aid was authorized and should have been delivered during the review period, but was not delivered, or was delivered prior to the review period; or for any adaptive aid that was delivered during the review period.

Standard 9 is not read for any adaptive aid that:

- the cost for the adaptive aid is \$200 or less; and
- the adaptive aid is specifically listed in Section 4424.2.

Do not count a particular adaptive aid as being out of compliance if the required time frame for delivery falls after the review period. List items delivered from Form 3848, effective date authorized on Form 3671 or the date the form is received (whichever is later), the date delivered from Form 3848, and if the item was delivered within the required time frame (yes or no). If it is required, was Form 2067 sent? (yes or no) and does Form 2067 document a valid reason for the delay? (yes or no).

If the delay was beyond the control of the provider based on the documentation reviewed, the standard is marked "delivered according to program requirements" (in block c).

If the provider:

- was not required to complete Form 3848
- did not complete Form 3848
- did not indicate the delivery date on Form 3848

The date on the invoice or receipt from the adaptive aid supplier may be used as the delivery date.

**Standard 10 — Minor Home Modifications** — Read this standard for any case in which a minor home modification was authorized and should have been completed during the review period but was not completed, or was completed prior to the review period, or for any minor home modification that was completed during the review period.

Do not count a particular minor home modification as being out of compliance if the required time frame for completion falls after the review period. List the items completed from Form 3848, effective date authorized on Form 3671 or the date the form is received (whichever is later), the date completed from Form 3848, and if the item was completed within the required time frame (yes or no). If it is required, was Form 2067 sent? (yes or no) and does Form 2067 document a valid reason for the delay? (yes or no). If the delay was beyond the control of the provider based on the documentation reviewed, standard is marked "completed according to program requirement" (in block f).

If the provider:



- was not required to complete Form 3848
- did not complete Form 3848
- did not indicate the completion date on Form 3848

The date on the invoice or receipt from the contractor who completed the inspection may be used as the completion date.

## Adaptive Aids/Minor Home Modification Compliance Summary Form

Complete only one copy of this page per agency.

### DETAILED INSTRUCTIONS

**Client Name** — Self-explanatory.

**Standard 9, Adaptive Aids, Column 1** — Enter the total number of adaptive aids for each client that were delivered according to program requirements (from Standard 9, block c, on each client reading form).

**Standard 9, Adaptive Aids, Column 2** — Enter the total number of adaptive aids for each client that were **not** delivered according to program requirements (from Standard 9, block d, on each client reading form).

**Minor Home Modifications, Column 3** — Enter the total number of minor home modifications for each client that were completed according to program requirements (from Standard 10, block f, on each client reading form).

**Minor Home Modifications, Column 4** — Enter the total number of minor home modifications for each client that were **not** completed according to program requirements (from Standard 10, block g, on each client reading form).

**Totals** — Enter the total of adaptive aids that were delivered according to program requirements, as listed in Column 1. Enter the total of adaptive aids that were not delivered according to program requirements, as listed in Column 2. Enter the total of minor home modifications that were completed according to program requirements, as listed in Column 3. Enter the total of minor home modifications that were not completed according to program requirements, as listed in Column 4.

**Grand Totals** — Enter the grand total of adaptive aids delivered according to program requirements and not delivered according to program requirements (add totals of Column 1 plus Column 2). Enter the grand total of minor home modifications completed according to program requirements and not completed according to program requirements (add totals of Column 3 plus Column 4).

**Percentage "Met"** — Divide the total adaptive aids delivered according to program requirements (Column 1 total) by the Grand Total of adaptive aids to determine the compliance rate for adaptive aids.

Divide the total minor home modifications completed according to program requirements (Column 3 total) by the Grand Total of minor home modifications to determine the compliance rate for minor home modifications.

Mark Standard 9 "Met" or "Not Met" based on the required 90% compliance level. Mark Standard 10 "Met" or "Not Met" based on the required 90% compliance level.

Do not include the findings for Standard 9 or Standard 10 in determining the overall compliance level for the provider agency. These standards will be rated separately according to the required 90% compliance level and corrective action and/or sanctions taken if below 90%.

**Standard 11 — Complaints** — Complete this standard only once for the provider agency.

For item a:

- If Yes, continue to item b.
- If No, mark item b N/A, and mark Standard 11 "Not Met."

For item b:

- If Yes, continue on to item c.
- If No, mark Standard 11 "Met."

If item 11a or item 11c is marked No, mark Standard 11 "Not Met."